

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1	1				
3	2					
4	2					
5						
6						
7	2					
8	1					
9	1					
10	1					
11	1					
12	4					
13	1					
14	1					
15	1					
16	1					
17	1					
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50						

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS

5
20
25

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS

20
20
20